

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90406 020 ****70.00

DOCUMENT # 727158

1. Entity Name
THE SOVEREIGNS CONDOMINIUM, INC.

| | |
|--|--|
| Principal Place of Business % L&B PROPERTY MANAGEMENT, INC. P. O. BOX 830698 MIAMI FL 33283 | Mailing Address % L&B PROPERTY MANAGEMENT, INC. P. O. BOX 830698 MIAMI FL 33283 |
|--|--|

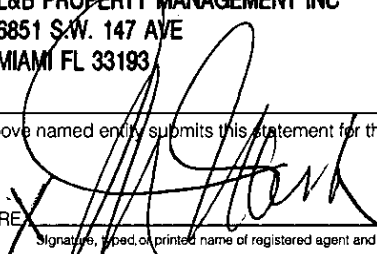
| | |
|---|---------------------|
| 2. Principal Place of Business 6851 SW 147 AVE. | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|---------------------------------|--------------|------------------------------------|--|
| City & State MIAMI FL | City & State | 4. FEI Number 59-1514081 | Applied For <input type="checkbox"/> Not Applicable |
|---------------------------------|--------------|------------------------------------|--|

| | | | | |
|---------------------|-----------------------|-----|---------|--|
| Zip 33193 | Country USA | Zip | Country | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
|---------------------|-----------------------|-----|---------|--|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent GIL, LILLIE L&B PROPERTY MANAGEMENT INC 6851 SW. 147 AVE MIAMI FL 33193 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|--|--|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE

| | | | |
|-------------------------------------|--|------------------------------------|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-------------------------------------|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P NASH, MARTIN 6911 SW 147TH AVE, #3B MIAMI FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BANDY SCHEINHOFT 6801 SW 147 AVE. #4G MIAMI FL 33193 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BURT SCHNEIDER 6861 SW 147TH AVE #4A MIAMI FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP JOSE GONZALEZ 6831 SW 147 AVE. #3B MIAMI FL - 33193 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MILLER, FRED 6821 SW 147TH AVE, #2B MIAMI FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HENRY HOLTZMAN 6861 SW 147 AVE. #3D MIAMI FL 33193 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GLASSMAN, RUTH 6831 SW 147TH AVE, #2G MIAMI FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MAXIMO MENA 6861 SW 147 AVE. #1A MIAMI FL 33193 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MURRAY, ZOHN 6901 SW 147TH AVE, #2C MIAMI FL 33193 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALBERTO MOUSSET 6881 SW 147 AVE #2C MIAMI FL 33193 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SLATER, SISSY 6911 SW 147TH #1A MIAMI FL 33193 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOE KRISSEL 6911 SW 147 AVE. #3D MIAMI FL 33193 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED
 DATE: **4-16-01** DAYTIME PHONE #: **305-3821063**

0001953
CR2E037 (10/00)